Adolescent and Adult Sexual Assault
Discharge Instructions
(Please keep this information in a safe place for future reference)

Exam Date: _____________________________
Health care facility where exam was conducted _______________________________

Evidence Collected for investigative purposes □ Yes □ No
Evidence collected for storage-only □ Yes OSP SAFE Kit #_______________ □ No
□ No evidence was collected

Sexually transmitted infection prevention:
You have received the following medications:
□ For Chlamydia prevention: ________________________________
□ For Gonorrhea prevention: ________________________________
□ For Vaginosis prevention: ________________________________
□ Other medication: ________________________________
□ Other medication: ________________________________

Pregnancy Prevention:
□ You have received emergency contraception today
□ You should follow up for pregnancy testing in 2 weeks if you did not take emergency contraception today or if you miss your next period

HIV Postexposure Prophylaxis:
□ You DID NOT receive HIV postexposure prophylaxis
□ You DID receive HIV postexposure prophylaxis and should follow-up within 3-5 days with the following provider:
__________________________
__________________________
__________________________

Hepatitis B prevention:
□ You have received your 1st Hepatitis B vaccine today
Follow up vaccine schedule:
2nd dose of the vaccine is due in 1 month
3rd dose of the vaccine is due in 6 months
□ You DID NOT receive the Hepatitis B vaccine today because you have been previously immunized
□ You DID NOT receive the Hepatitis B vaccine today AND are not previously immunized and should follow up at your PCP or other healthcare provider to begin the 3 shot series.
HIV counseling and testing:
- [ ] You received baseline HIV testing today
- [ ] You DID NOT receive baseline HIV testing today
- [ ] You should follow up for HIV testing at 6 weeks, 3 months and 6 months

HIV counseling and testing are available at: __________________________________________

Advocacy:
- [ ] Your Advocacy Agency is ___________________________ and can be reached at __________________________

Safety Plan:
- [ ] Safety plan reviewed (explain):
  __________________________________________

  __________________________________________

If there are safety concerns, a plan including an advocate and law enforcement (if the patient requests law enforcement involvement) should be arranged prior to discharge.

Follow-up care:
- [ ] You have been referred for follow-up care with: __________________________

- [ ] You need to call for an appointment at: __________________________

Community Resources (fill in local resources here):
- HIV testing:
- Medical Care follow-up (including sexually transmitted infection evaluation and treatment):
- Mental Health follow-up:
- Advocacy:
- Domestic Violence:
- Victims Services:

Law Enforcement
- [ ] You DID report to law enforcement. Evidence was collected on your behalf and was given to __________________________ for investigatory purposes.

- [ ] You DID NOT report to law enforcement. Evidence was collected on your behalf and was given, without your identity being revealed, to __________________________ for storage only. You may choose to make a report at anytime and are encouraged to do so. However, law enforcement is only required to store evidence for 180 days from today. If no report is filed by that date any stored evidence (including clothing and other articles) may be destroyed.